



City of Cambridge

1.

IN CITY COUNCIL

March 17, 1997

COUNCILLOR SULLIVAN
 VICE MAYOR BORN
 COUNCILLOR DAVIS
 COUNCILLOR DUEHAY
 COUNCILLOR GALLUCCIO
 COUNCILLOR REEVES
 MAYOR RUSSELL
 COUNCILLOR TOOMEY
 COUNCILLOR TRIANTAFILLOU

WHEREAS: A number of communities have developed a program "Vial of Life," which provides for life saving information to be available in your home in case of an emergency; and

WHEREAS: This program is available for individuals who live alone, senior citizens or anyone who wishes to provide for their care in case of fire, sudden illness or other emergency; and

WHEREAS: Small plastic vials are taped to the upper right hand shelf in the refrigerator, and contain necessary information regarding names of relatives, doctors, medical insurance numbers, special medical needs, etc. to be available and easily found by police, fire fighters, etc., for when the need arises; and

WHEREAS: A red sticker is attached to the front of the refrigerator to alert personnel that the vial is inside; now therefore be it

ORDERED: That the City Manager be and hereby is requested to confer with the Fire Chief, Police Commissioner, Director of the Council on Aging, and Director of Emergency Communications to develop a "Vial of Life Program" in Cambridge.

In City Council March 17, 1997
 Adopted by the affirmative vote of nine members.
 Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:-

D. Margaret Drury
 City Clerk

RECEIVED BY
OFFICE OF CITY CLERK
97 MAR -4 AM 11-06
CAMBRIDGE, MA.

1

March 17, 1997

COUNCILLOR SULLIVAN

WHEREAS: A number of communities have developed a program, "Vial of life," which provides for life saving information to be available in your home in case of an emergency; and

WHEREAS: This program is available for individuals who live alone, senior citizens or anyone who wishes to provide for their care in case of fire, sudden illness or other emergency; and

WHEREAS: Small plastic vials are taped to the upper right hand shelf in the refrigerator, that contains necessary information regarding names relatives, doctors, medical insurance numbers, special medical needs, etc. to be available and easily found by police, fire fighters, etc., for when the need arises; and

WHEREAS: A red sticker is attached to the front of the refrigerator to alert personnel that the vial is inside. Now therefore be it

ORDERED: That the City Manager is hereby requested to confer with the Fire Chief, Police Commissioner, Director of Council on Aging, and Director of Emergency Communications to develop a "Vial Of Life Program" in Cambridge. (see attached form)

RECEIVED BY
OFFICE OF CITY CLERK

97 MAR -4 AM 11:06

CAMBRIDGE MA.

VIAL OF LIFE PROGRAM

WHAT: "VIAL OF LIFE" Life saving information available in your home, in case of emergency.

FOR WHOM: Individuals who live alone, senior citizens, or anyone who wishes to provide for their care in case of fire, sudden illness or other emergency.

WHERE: Small plastic vials taped to the upper right hand shelf of your refrigerator, to contain necessary information regarding names of residents, doctors, medical insurance numbers, special medical needs, etc. to be available and easily found by police, firemen, etc. if the need arises. **ATTACH RED HEART STICKY BACK DECAL TO THE FRONT OF YOUR REFRIGERATOR.**

- INSTRUCTIONS:**
1. Attach red heart sticky back decal to the front of your refrigerator.
 2. Fill out the form. (Extra's included for future changes)
 3. Tuck the form in your vial.
 4. Tape vial to the upper right hand shelf of your refrigerator.

REST ASSURED YOU WILL HAVE PROVIDED ALL THE INFORMATION NEEDED TO TAKE CARE OF YOU IN AN EMERGENCY.

**TELEPHONE PIONEERS OF AMERICA
JASPER N. KELLER CHAPTER #33**

NAME: _____

ADDRESS: _____

MEDICAL INSURANCE: _____ **INSURANCE #:** _____

DATE OF BIRTH: _____ **RELIGION:** _____

HOSPITAL PREFERENCE: _____

DOCTOR'S NAME: _____ **ADDRESS:** _____

DOCTOR'S PHONE #: _____

IN CASE OF EMERGENCY CALL:

NAME: _____ **ADDRESS:** _____ **TEL. #** _____

NAME: _____ **ADDRESS:** _____ **TEL. #** _____

SPECIAL MEDICAL PROBLEMS, MEDICATIONS, ALLERGIES:



DATE Tuesday, March 04, 1997 TIME 10:20:17 AM NUMBER OF PAGES 3

TO Donna Lopes
COMPANY City Clerk's Office
VOICE NUMBER 349-4254
FAX NUMBER 4307

FROM Michael A. Sullivan
COMPANY
VOICE NUMBER 617-864-0554
FAX NUMBER

NOTES Donna:

Attached is a council order for the next Council meeting.

Thanks!

Michael

*in box
for 3-17-97
mc*



City of Cambridge

1.

IN CITY COUNCIL

March 17, 1997

COUNCILLOR SULLIVAN

WHEREAS: A number of communities have developed a program "**Vial of Life**," which provides for life saving information to be available in your home in case of an emergency; and

WHEREAS: This program is available for individuals who live alone, senior citizens or anyone who wishes to provide for their care in case of fire, sudden illness or other emergency; and

WHEREAS: Small plastic vials are taped to the upper right hand shelf in the refrigerator, and contain necessary information regarding names of relatives, doctors, medical insurance numbers, special medical needs, etc. to be available and easily found by police, fire fighters, etc., for when the need arises; and

WHEREAS: A red sticker is attached to the front of the refrigerator to alert personnel that the vial is inside; now therefore be it

ORDERED: That the City Manager be and hereby is requested to confer with the Fire Chief, Police Commissioner, Director of the Council on Aging, and Director of Emergency Communications to develop a "**Vial of Life Program**" in Cambridge.

Consent Order #1

Entire
Membership

Councillor Sullivan re: Develop a
"Vial of Life Program," which provides
for life saving information to be
available in your home in case of an
emergency..

CM-127

12

In City Council March 17, 1997

ORDER ADOPTED